

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Santa Barbara Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Gwen Peirce, City Clerk Services Manager		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div>
Area Code/Phone Number (805) 564-5309	E-mail cityclerk@SantaBarbaraCa.gov	Page <u>1</u> of <u>1</u> Date Posted: 06/20/12 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Santa Barbara County Association of Governments (SBCAG)	▶ Name <u>Schneider, Helene</u> <small>(Last, First)</small> Alternate, if any <u>House, Grant</u> <small>(Last, First)</small>	▶ <u>01 / 24 / 12</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Cachuma Operations and Maintenance Board (COMB)	▶ Name <u>Francisco, Dale</u> <small>(Last, First)</small> Alternate, if any <u>White, Bendy</u> <small>(Last, First)</small>	▶ <u>01 / 24 / 12</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>128</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
 	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
 	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.


Signature of Agency Head or Designee

Gwen Peirce
Print Name

City Clerk Services Manager
Title

06/20/12
(Month, Day, Year)

Comment: _____